



Extraordinary Funding Eligibility Determination

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Johnson County Developmental Supports

Sponsored by the Kansas Department of
Social and Rehabilitation Services



Assumptions

- Extraordinary health or behavioral needs
- Two components
 - Service need
 - Financial need



Service Need Overview

- Summary Page
 - Staffing Needs
 - Behavioral Issues
 - Medical Needs
 - Additional Staff Training
 - Equipment/Supplies
- Justification
 - Interview with direct care staff
 - Levels



Financial Need Overview

- Equipment and Supplies Form
- Direct Care Staffing Form
- Average Hourly Wage Calculation Worksheet
- Threshold Calculation Worksheet



Other Documentation

- Person Centered Support Plan
- Behavior Support Plan
- Summarized Behavior Data
 - Including data interpretation
- Health Information
- Summarized Health Data
 - Including recommendations from health care professional



Roles of the CSP, Case Manager, and CDDO

- **The CSP completes all EF eligibility forms except for the Justification form, collects all information, and submits it to the CDDO**
- **The case manager ensures that the Person Centered Support Plan is up to date and submits to the CSP**
- **The CDDO completes the direct care staff interviews and the Justification form, including assignment of level, submits them to the local funding committee for approval, and submits the approval form to the MR/DD Waiver Manager**



Checklist and Findings (page 1)

- Checklist to designate what is being submitted
- Yes and no checkboxes for approval
- Comments
 - If request is not approved, space to comment why and to suggest what was lacking, such as adequate data collection, more detailed PCSP

REQUEST FOR EXTRAORDINARY FUNDING CHECKLIST AND FINDINGS

Name Jane Doe Date of Request 10/1/06

CDDO JMCDDO CSP JMCSP

Tier Rate 1

X Summary Page: page 2

X Equipment and Supplies Form: page 3

☐ Direct Care Staffing Form: Day - pages 4A and 4B

X Direct Care Staffing Form: Res – pages 4 C and 4D

X Average Hourly Wage Calculation Worksheet: page 5A and 5B OR payroll forms

X Threshold Calculation Sheet: page 6

X Justification for Special Tier Rates: page 7

X Person Centered Support Plan

☐ Behavior Support Plan (if applicable)

☐ Summarized behavioral data (if applicable)

X Health Information (if applicable)


X Summarized health data (if applicable)

Findings:

Approved yes no

Comments:

Signature _____ Date _____



Summary Page (page 2A-D)

- 1. Staffing Needs**
times of day and reason individual needs increased support
- 2. Behavioral Issues**
behavioral issues the individual is experiencing and how they are prevented and/or managed; includes interpretation of the behavior data
- 3. Medical Needs**
extra costs associated with medical needs, including increased direct care and professional staff time
- 4. Additional Staff Training**
additional staff training, individualized to the person served, required to effectively support the person
- 5. Equipment/Supplies**
not covered by Medicaid and why they are needed

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

STAFFING NEEDS

What does the person's daily routine look like? Does the person require increased support from staff during certain times of the day or while doing specific activities? This section contains a detailed account of the times of day and reasons that you think the individual needs increased staff support beyond that provided within the regular tier rate. State when staff is awake and when staff is asleep.

Jane is 36 years old and has profound mental retardation and severe cerebral palsy. She cannot bear weight and uses a wheelchair. She requires one on one staffing for many activities. Jane has one roommate who is ambulatory but also requires one on one assistance for many activities. One staff can work with only these two at a time and alternates completing an activity, such as hygiene for example, with Jane, after her roommate has chosen a leisure activity to engage in while staff is working with Jane. After staff has completed an activity with Jane, she offers Jane her choice of leisure activity to engage in while she helps Jane's roommate with an activity. The Direct Care Staffing Schedule indicates that, at certain times such as during feeding and sleeping hours, Jane requires more attention than her roommate. Jane gets up at 5 am at which time hygiene activities are completed. She is bathed and her teeth are brushed. Jane requires a lift to be transferred from her bed to her wheelchair and from her wheelchair to her shower chair. Once bathing is completed she is transferred back to her bed where she is dressed. These activities take about 45 minutes to complete and require one on one total support as Jane cannot assist in completing any of these activities. After bathing and dressing, Jane's breakfast is pureed and fed to her. She cannot consume enough orally to maintain her weight, so one can of Jevity is given through her G-tube as are her medications. Eating requires one on one assistance for about one hour as Jane cannot feed herself and requires a lot of encouragement to eat. After eating, during the week, Jane's lunch is prepared for her and she is dressed for the weather, transferred in her wheelchair to the van where her chair is secured, and transported to day services. Jane receives a regular tier rate for day services so her day services routine is not described here. On weekends, staff complete a variety of activities with Jane between 7 am and noon.

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

These include providing choices of leisure activities in the apartment and actively participating in many of the activities as Jane often will not participate on her own. Jane is also repositioned during this time. She is rolled over on each side for 30 minutes and is taken out of her chair to sit in the recliner or lie on the floor. Range of motion exercises are also completed. Staff spends about 50% of their time with Jane and 50% with her roommate during these hours. At noon, medications are administered, lunch is pureed, and Jane is fed her pureed food orally and Jevity through her G-tube. Leisure activities in the apartment and another feeding of Jevity continue until about 3 pm when Jane and her roommate go on an outing for about 2 hours. Upon their return from the outing, or from day services during the week, Jane is provided with her choice of leisure activity for about an hour. At 6 pm, medications are administered, food is pureed, and the pureed food is fed orally while Jevity is given through Jane's G-tube. Leisure activities continue for two hours after dinner. Because Jane's roommate usually goes home for an evening on the weekend, Jane may go on another outing for an hour one evening each week. At 9 pm Jane is transferred with the lift to her bed where her clothes are changed. Throughout the night she is monitored hourly. Her position is checked and she is repositioned. Her brief is checked for wetness and she is changed if necessary, which is usually twice each night. Jevity is given two times throughout the night. Once each night her brief is removed and she is rolled on one side for 30 minutes, then on the other side for 30 minutes.

BEHAVIORAL ISSUES

Does the person experience challenging behavior? Are preventative strategies in place to minimize the problematic behaviors? If yes, what do they consist of and how do they require increased support from staff? What strategies are in place to manage the problematic behaviors when they do occur? Do the strategies require increased support from staff or special staffing arrangements? This section contains a detailed account of the behavioral issues the individual is experiencing and how they are prevented and/or managed. **Attach a copy of the individual's behavior support plan as well as summarized data for the last year.**

Jane may hit herself in the face, either when happy or upset. It seems to be a way she uses to communicate. When Jane is observed to be

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

hitting herself, the priority is to keep her from hurting herself by quickly moving her hands away from her face and leaving her mittens on if they are already on or putting them on if they are not. Jane should wear her mittens during and shortly after transportation as this is a time this behavior commonly occurs. If she removes her mittens, staff may put them back on, but must not force her to wear them by fastening them on in a manner so that she cannot remove them. After Jane is in a safe position and cannot hurt herself, staff may observe the environment to see if there is something bothering her. This could be loud noises or being isolated in a room when a social activity that she can hear is happening nearby. Unpleasant stimuli need to be removed if possible, and Jane can be moved from one room to another and given attention if it would make her happy, even if it were from her bedroom to the living room at a time that she would normally be sleeping. Activities can be provided that will calm Jane such as repositioning her, moving her from one area to another, giving her objects that she likes, talking to her soothingly, rubbing her back, or putting on some music or a video. Jane may hit her face when she is happy and can usually be distracted by verbal and physical attention or by giving her an object or activity that she likes. If Jane has frequent episodes of hitting herself or does not calm down quickly, it may be her way of communicating a health problem, and the nurse should be notified. It is helpful to administer Jane's tube feeding when she is relaxed as she does have a tendency to be active during her feedings and might grab staff and/or the syringe. Recently, staff has learned that a firm "no" will stop Jane from grabbing. The neck vibrator helps Jane relax during her feedings and she is also relaxed after an airing out period.

MEDICAL NEEDS

What, if any, special medical needs does the person have (e.g., contractures, osteoporosis, tube feedings, oxygen administration, limited range of motion, bacterial infection such as MRSA, etc.)? What types of medical procedures are required to either treat the person's condition or insure his or her optimal state of health? Are staff able to implement these procedures? Is oversight by a professional needed? This section specifically describes the extra costs associated with medical needs, including increased direct care and professional staff time. **Attach a copy of the individual's health information as well as summarized data for the last year.**

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

Jane is 4'9" tall and weighs approximately 90 pounds. She uses a wheelchair and has severe cerebral palsy. Her diagnoses include profound mental retardation, cerebral palsy with quadriplegia, major motor seizures, legal blindness, chronic hip dislocation (and therefore non-weight bearing), scoliosis, kyphosis, eczema, skin ulcer, asthma, and congenital hydrocephaly which is relieved with a ventriculo-peritoneal shunt. She has had a gastrostomy and uses a feeding tube. She is nonverbal.

Jane's shunt must be monitored for blockage. She must be monitored so that she does not pull out her G-tube and is also monitored for seizures. She has osteoporosis and must be transferred with care to avoid bone breakage. The ball joints of her hips were removed 17 years ago and she is unable to bear weight. She has optic atrophy which results in no side vision and blind spots. She gets sores easily on his feet and cannot wear shoes. Her feet need to be checked daily for sores. During the winter she wears boots with a fleece insert to protect against frostbite – she is very susceptible to frostbite due to poor circulation in her feet. Jane needs to be dressed in layers in the winter to avoid frostbite. She cannot be out in weather below 20 degrees for more than 5 minutes.

Jane takes Phenobarbital and Tegretol for seizure control. She also takes vitamin supplements, Cal-Quick, Enulose, Lidex, Zyrtec, Lactulose, and various PRN medications such as Tylenol, Pepto-bismal, Imodium, A&D ointment, and Neosporin. Jane is allergic to Atropine, Ativan, Sulfa, Keflex, the pertussis vaccine, Nafcillin, Bactrim, and morphine. Provider staff track seizures and medication side effects and administer Jane's medication through her G-tube. Jane also receives Jevity through her tube 6 times per day for nutrition. Jane should be given her tube feeding when she is positioned at a 45 degree angle and she should remain in this position for at least 20 minutes after her feeding. Jane should be fed through her mouth at least three hours after a tube feeding so that she will be hungry and want to eat. To ensure that she is getting adequate nutrition, Jane needs to be weighed weekly. She currently has a PEG tube in place. This type of tube must be surgically replaced if it comes out. Jane's doctor should be contacted immediately if the tube comes out as a new one has to be inserted within 8 hours. Jane should not be given any food if this happens.

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

Jane is at risk for developing pressure sores due to quadriplegia. She needs to be repositioned every two hours and aired out daily to prevent pressure sores. Staff check her body for sores during toileting, dressing, and showering. Staff also monitor for recurrent infections of her big toe which can be difficult to control if not caught early. Jane has a history of constipation despite medication. When she is constipated, she tends to be lethargic.

Jane makes many routine doctor visits. She has her blood levels checked every three months. She is taken to the office of her primary care physician to have her blood drawn. Jane sees her dentist every four months. She sees her orthopedist about every 12-18 months to monitor her scoliosis and kyphosis. She receives Botox injections of 300 units every 3-4 months for cervical dystonia. She sees a physical therapist twice a week and has a home exercise program for stretching her neck musculature which she completes with staff twice a day. Jane requires one-on-one staffing for all medical appointments.

Oversight of Jane's medical needs is provided by an RN at the rate of .18 hours/day, which is equal to 15 minute/day, 5 days/week.

ADDITIONAL STAFF TRAINING

Do staff need specialized training to implement strategies to manage problematic behaviors? Do staff require specialized training to implement medical procedures? How often is the training needed? This section describes additional staff training required to effectively support the person and individualized to that person's needs. For example, this might include extra training for staff to learn how to use a g-tube, administer oxygen, or follow a behavioral support plan.

Only staff specifically trained on the needs specific to Jane are permitted to work with her. All staff working with Jane receive an initial training from the following professional staff:

- An RN teaches staff to use the G-tube and provides information regarding specific medical issues. The RN provides oversight.
- An occupational therapist teaches staff how to operate Jane's mechanical lift, wheelchair, and shower chair as well as providing dietary and feeding techniques and positioning techniques. The OT provides oversight.

SUMMARY PAGE

Name Jane Doe Date of Request 10/1/06
CDDO JMCDDO CSP JMCSP

--Assistive technology staff teach staff how to operate microswitches, power links, and a Cheap Talk 4.

--The team leader teaches staff how to operate the van lift and proper loading techniques specific to Jane.

EQUIPMENT/SUPPLIES

Are there certain things the person needs to insure his or her health and safety that are not Medicaid card eligible (e.g., adult undergarments, latex gloves, food processor due to dietary needs, bed underpads due to incontinence, etc.)? What is the rationale for providing them? This section lists any supplies or equipment needed by the individual that is not covered by their Medicaid card and that add to the cost of the POC, as well as an explanation for why they are needed.

Jane's staff use latex gloves and wipes during hygiene activities. These supplies are not covered by Medicaid.



Equipment and Supplies (page 3)

- Areas for day services and residential services
- List item, annual cost and explanation
- Total Cost - Add up annual cost columns
- Cost Per Day - divide total cost by 260 if day service, 365 if residential service
- Save these figures for page 6
- Leave this page blank if equipment or supplies that are not covered by Medicaid are not needed

EQUIPMENT AND SUPPLIES

Name: Jane Doe
CDDO: JMCDDO

Date of Request: 10/1/06
CSP: JMCSP

DAY SERVICE


Item	Annual Cost	Rationale
Total Cost		
Cost Per Day (total cost/260 days)		0

RESIDENTIAL SERVICE

Item	Annual Cost	Rationale
Latex gloves	\$948.00	Health and safety/pathogen control
Wet wipes	\$180.00	toileting
Total Cost	\$1128.00	
Cost Per Day (total cost/365 days)		\$3.09

INSTRUCTIONS:

Indicate under "item" what **will be purchased** (items already purchased cannot be included, only items to be purchased during the duration of this POC). Under "Cost" indicate the total cost of the item/year. In the "Rationale" column indicate how the item will be used and why it is being purchased. Add the "Cost" column into the "Total Cost" box. In the top section divide the "Total Cost by 260 days to calculate a "Cost Per Day" for Day Services. Divide the "Total Cost" in the bottom section by 365 days to arrive at a "Cost Per Day" for Residential Services.




Direct Care Staffing Schedule – Day Service (pages 4A and 4B)

- **Two pages**
 - **4A is for Monday-Friday**
 - **4B is for Saturday and Sunday**
- **Percent of time spent 1:1 with the individual**
- **Brief description of reason for support**
- **Add all percentages on page 4A and multiply by 5; add all percentages on page 4B and multiply by 2**
- **Add the previous two figures together**
- **Multiply this figure by 52 and divide by 260 to get the average hours/day**
- **Alternate calculation**
 - **If the individual is in day service during the same hours Monday-Friday, simply add up the percentages on page 4A to get the average hours/day**
- **Save these figures for page 6**

Name: Jane Doe		Date of Request: 10/1/06
CDDO: JMCDDO	4A	CSP: JMCSP
	% 1:1 Time Monday - Friday	Description of Support
12 midnight		
1:00 am		
2:00 am		
3:00 am		
4:00 am		
5:00 am		
6:00 am		
7:00 am		
8:00 am		
9:00 am		
10:00 am		
11:00 am		
12:00 noon		
1:00 pm		
2:00 pm		
3:00 pm		
4:00 pm		
5:00 pm		
6:00 pm		
7:00 pm		
8:00 pm		
9:00 pm		
10:00 pm		
11:00 pm		

Name: Jane Doe		Date of Request: 10/1/06
CDDO: JMCDDO	4B	CSP: JMCSP
	% of 1:1 Time Saturday-Sunday	Description of Support
12 midnight		
1:00 am		
2:00 am		
3:00 am		
4:00 am		
5:00 am		
6:00 am		
7:00 am		
8:00 am		
9:00 am		
10:00 am		
11:00 am		
12:00 noon		
1:00 pm		
2:00 pm		
3:00 pm		
4:00 pm		
5:00 pm		
6:00 pm		
7:00 pm		
8:00 pm		
9:00 pm		
10:00 pm		
11:00 pm		



Direct Care Staffing Schedule – Res Service (pages 4C and 4D)

- **Two pages**
 - **4C is for Monday-Friday**
 - **4D is for Saturday and Sunday**
- **Percent of time spent 1:1 with the individual**
- **Brief description of reason for support**
- **Add all percentages on page 4C and multiply by 5; add all percentages on page 4D and multiply by 2**
- **Add the previous two figures together**
- **Multiply this figure by 52 and divide by 365 to get the average hours/day**
- **Save these figures for page 6**


Name: Jane Doe		Date of Request: 10/1/06
CDDO: JMCDDO	4C	CSP: JMCSP
	% of 1:1 Time Monday-Friday	Description of Support
12 midnight	.5	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary (average 2 changes/night)
1:00 am	.5	Check position. Make sure blanket is tucked under arms so that she cannot access her G-tube.
2:00 am	.85	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary. Give Jevity through G-tube
3:00 am	.85	Check position. Check for wetness. If Jane is not sleeping and is yelling, give her toys or bring her to the recliner in the living room.
4:00 am	.75	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary.
5:00 am	.75	Wake Jane up and transfer her from bed to shower chair. Complete shower. Brush teeth. Transfer to bed to complete hygiene and dress.
6:00 am	1	Administer medications. Puree food for breakfast. Feed breakfast by mouth. Give Jevity through G-tube.
7:00 am	.5	Prepare lunch. Put on needed outerwear for travel to work. Transfer to van. Buckle and secure wheelchair in van.
8:00 am	--	Jane is in day services.
9:00 am	--	Jane is in day services.
10:00 am	--	Jane is in day services.
11:00 am	--	Jane is in day services.
12:00 noon	--	Jane is in day services.
1:00 pm	--	Jane is in day services.
2:00 pm	--	Jane is in day services.
3:00 pm	.5	Pickup Jane from day services. Transfer to van. Transport home.
4:00 pm	.5	Transfer from van to apartment. Take to her room and offer leisure activities.
5:00 pm	.5	Provide leisure activities and interact with Jane.
6:00 pm	.5	Administer medications. Puree food for dinner. Feed dinner by mouth. Give Jevity through G-tube.
7:00 pm	.5	Transfer from wheelchair into recliner or onto the floor. Continue to provide leisure activities and interact with Jane. 1:1 outing weekly.
8:00 pm	.5	Provide leisure activities and interact with Jane.
9:00 pm	.5	Transfer from chair to bed. Change clothes.
10:00 pm	.85	Change position. Reposition if necessary. Check for wetness. Change briefs if necessary. Give Jevity through G-tube.
11:00 pm	.85	Remove briefs and position on one side for 30 minutes, on the other side for 30 minutes

Name: Jane Doe
CDDO: JMCDDO

4D

Date of Request: 10/1/06
CSP: JMCSP

	% of 1:1 Time Saturday-Sunday	Description of Support
12 midnight	.5	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary (averages 2 changes/night).
1:00 am	.5	Check position. Make sure blanket is tucked under arms so that she cannot access her G-tube.
2:00 am	.85	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary. Give Jevity through G-tube.
3:00 am	.85	Check position. Check for wetness. If Jane is not sleeping and is yelling, give her toys or bring her to the recliner in the living room.
4:00 am	.75	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary
5:00 am	.75	Wake Jane up and transfer her from bed to shower chair. Complete shower. Brush teeth. Transfer to bed to complete hygiene and dress.
6:00 am	1	Administer medications. Puree food for breakfast. Feed breakfast by mouth. Give Jevity through G-tube.
7:00 am	.5	Provide leisure activities and interact with Jane.
8:00 am	.5	Provide leisure activities and interact with Jane.
9:00 am	.5	Transfer from wheelchair into recliner or onto the floor. Continue to provide leisure activities and interact with Jane.
10:00 am	.5	Reposition to prevent skin breakdown. Roll on to either side for 30 minutes each side.
11:00 am	.5	Complete range of motion exercises.
12:00 noon	.5	Administer medications. Puree food for lunch. Feed lunch by mouth. Give Jevity through G-tube.
1:00 pm	.5	Provide leisure activities and interact with Jane.
2:00 pm	.5	Provide leisure activities and interact with Jane. Give Jevity through G-tube.
3:00 pm	.5	Take on social outing with roommate (i.e. to the mall, a movie, the park, bowling, swimming, on a walk, on a van ride or out to eat).
4:00 pm	.5	Continue social activity with roommate
5:00 pm	.5	Provide leisure activities and interact with Jane.
6:00 pm	.5	Administer medications. Puree food for dinner. Feed dinner by mouth. Give Jevity through G-tube.
7:00 pm	.5	Transfer from wheelchair into recliner or onto the floor. Continue to provide leisure activities and interact with Jane. 1:1 outing weekly.
8:00 pm	.5	Provide leisure activities and interact with Jane.
9:00 pm	.5	Transfer from chair to bed. Change clothes.
10:00 pm	.85	Check position. Reposition if necessary. Check for wetness. Change briefs if necessary. Give Jevity through G-tube.
11:00 pm	.85	Remove briefs and position on one side for 30 minutes, on the other side for 30 minutes.



Average Hourly Wage Calculation Worksheet (page 5A and 5B)

- Calculate average hourly wage for direct care staff for day service and residential service separately
- You may skip this calculation if you have payroll forms – be sure to attach
- Calculate tax and benefits
- Calculate the relief factor
- Calculate average # of hours and determine average hourly wage for program coordinator and professional staff
- Save this information for page 6

AVERAGE HOURLY WAGE CALCULATION WORKSHEET

Direct Care Staff

Name: Jane Doe Date of Request: 10/1/06
 CDDO: JMCDDO CSP: JMCSP

1. Calculate the average hourly pay for direct care staff: Add the hourly rate for each staff working with the consumer in question and multiply that rate by the number of hours worked per week by each staff with that consumer. Divide this sum by the total number of hours worked per week. (An option to using this formula is to use payroll forms that show this information. Please attach the payroll forms. Be sure to exclude overtime when calculating this rate).
2. Calculate taxes and benefits: multiply the average hourly pay for direct care staff (the figure obtained in #1) by 1.20.
3. Calculate the relief factor: multiply the figure obtained in #2 by 1.15.

Example:

Staff A works 40 hours/week at \$10/hour; staff B works 40 hours/week at \$11/hour; staff C and staff D work 24 hours/week each at \$9/hour.

$$(40 \times \$10) + (40 \times \$11) + (24 \times \$9) + (24 \times \$9) = 400 + 440 + 216 + 216 = 1272$$

$$1272 \text{ divided by } (40 + 40 + 24 + 24) = 1272 \text{ divided by } 128 = \$9.94$$

This is the average hours/day on the Rate Calculation Sheet

$$\$9.94 \times 1.20 = \$11.93$$

$$\$11.93 \times 1.15 = \$13.72$$

COMPLETE THE AVERAGE HOURLY PAY FOR DIRECT CARE STAFF IN THE SPACE PROVIDED BELOW:

(Or attach payroll forms)

Day Services: Jane has a regular tier rate for day services

Residential Services:

Staff 1:	\$12.22 x 40 =	\$488.80
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Staff 2:	\$12.31 x 40 =	\$492.40
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Staff 3:	\$11.70 x 40 =	\$468.00
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Staff 4:	\$11.70 x <u>20</u> =	<u>\$234.00</u>
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	140	\$1,683.20
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$$\$1,683.20 \div 140 = \$12.02$$

$$\$12.02 \times 1.20 = \$14.42$$

$$\$14.42 \times 1.15 = \mathbf{\$16.58}$$

AVERAGE HOURLY WAGE CALCULATION WORKSHEET

Program Coordinator and Professional Staff

Name: Jane Doe

Date of Request: 10/1/06

CDDO: JMCDDO

CSP: JMCSP

Program Coordinator

- The individual who supervises direct care staff
- To calculate average hours/day, divide 40 hours by the number of individuals served by this program coordinator, then multiply by 52 weeks and
 - divide by 260 days for day service program coordinator $[(40 \div \# \text{ of individuals served by program coordinator}) \times 52] \div 260$:
N/A – no EF for day services
 - divide by 365 days for residential service program coordinator $[(40 \div \# \text{ of individuals served by program coordinator}) \times 52] \div 365$
 $40 \div 150 = (.27 \times 52) \div 365 = .04$
- Determine hourly wage from payroll forms
 - Day service hourly wage = N/A
 - Residential service hourly wage = \$18.74

Professional Staff

- Include but not limited to occupational therapy, physical therapy, speech therapy, nursing, psychological services, and dietary services
- To calculate average hours/day, determine the actual service hours provided /week, multiply by 52 weeks, and
 - divide by 260 days for day services $[(\# \text{ of hours of service provided/week}) \times 52] \div 260$
 1. N/A
 2. N/A
 3. N/A
 - divide by 365 days for residential services $[(\# \text{ of hours of service provided/week}) \times 52] \div 365$
 1. RN: $(1.25 \times 52) \div 365 = .18$
 2. N/A
 3. N/A
 - Determine hourly wage from payroll forms
 1. RN: \$24.75
 2. N/A
 3. N/A

THRESHOLD CALCULATION SHEET

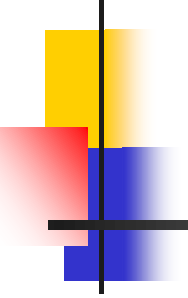
Name: _____					Date of Request _____	
CDDO: _____					CSP: _____	

DAY SERVICE	Avg. Hrs./Day [(Hrs/week) x 52] Divided by 260	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff	Page 4A	X	Page 5A \$	=	
Program Coord.	Page 5B	X	Actual cost \$	=	
Other Services:					
	Page 5B	X	Actual cost \$	=	
	Page 5B	X	Actual cost \$	=	
	Page 5B	X	Actual cost \$	=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)					
Equipment /Supplies (from Equipment and Supplies Form, page 3)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Day Service Rate per Day					Regular tier rate

RESIDENTIAL	Avg. Hrs./Day [(Hrs/week) x 52] divided by 365	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff	Page 4C	X	Page 5A \$	=	\$
Program Coord.	Page 5B	X	Actual cost \$	=	
Other Services:					
	Page 5B	X	Actual cost \$	=	
	Page 5B	X	Actual cost \$	=	
	Page 5B	X	Actual cost \$	=	
Subtotal 1					\$
Vacancy Factor (Subtotal 1 x 0.10)					
Equipment /Supplies (from Equipment and Supplies Form, page 3)					
Subtotal 2					\$
Administration (Subtotal 2 x 0.15)					
Total Residential Service Rate per Day					\$ 27

THRESHOLD CALCULATION SHEET

Name: <u>Jane Doe</u>				Date of Request <u>10/1/06</u>	
CDDO: <u>JMCDDO</u>				CSP: <u>JMCSP</u>	
DAY SERVICE	Avg. Hrs./Day [(Hrs/week) x 52] Divided by 260	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff		X		=	
Program Coord.		X		=	
Other Services:					
		X		=	
		X		=	
		X		=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)					
Equipment /Supplies (from Equipment and Supplies Form, page 3)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Day Service Rate per Day					Regular tier rate
RESIDENTIAL	Avg. Hrs./Day [(Hrs/week) x 52] divided by 365	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff	11.87	X	\$16.58	=	\$196.80
Program Coord.	.04	X	\$18.74	=	.75
Other Services:					
RN	.18	X	\$24.75	=	4.46
		X		=	
		X		=	
Subtotal 1					\$202.01
Vacancy Factor (Subtotal 1 x 0.10)					20.20
Equipment /Supplies (from Equipment and Supplies Form, page 3)					3.09
Subtotal 2					\$225.30
Administration (Subtotal 2 x 0.15)					33.80
Total Residential Service Rate per Day					\$259.10 28




Minimum Required Costs Needed to Access Special Tier Rates Effective 7/1/06

■ Day Services

■ Tier 1	\$99.73
■ Tier 2	\$83.76
■ Tier 3	\$73.34
■ Tier 4	\$62.25
■ Tier 5	\$55.83

The cost to serve an individual must be more than 50% of the difference between the special tier rate and the regular tier rate



Minimum Required Costs Needed to Access Special Tier Rates Effective 7/1/06

■ Residential Services

■ Tier 1	\$159.37
■ Tier 2	\$137.01
■ Tier 3	\$112.26
■ Tier 4	\$88.72
■ Tier 5	\$72.35

The cost to serve an individual must be more than 50% of the difference between the special tier rate and the regular tier rate



Justification for Extraordinary Funding (pages 7A and 7B)

- Levels 1, 3, and 5 address extraordinary behavior needs with level 1 being the most needy
- Levels 2, 4, and 6 address extraordinary health needs with level 2 being the most needy



Justification for Extraordinary Funding (pages 7A and 7B)

- Levels 1 and 2 - behavior and health related issues that are ***present and immediate*** and produce a ***life threat***
- Levels 3 and 4 – behavior and health related issues that are not present and immediate but ***cumulative*** and that produce a ***life threat***
- Levels 5 and 6 – behavior and health related issues that are ***either present and immediate or cumulative*** but ***do not produce a life threat***

Justification for Extraordinary Funding

Name: Jane Doe Date of Request : 10/1/06
 CDDO: JMCDDO CSP: JMCSP
 Completed by: Joe Cool, CDDO Administrator

Level	Requested Level of Need	Examples
1	Safety and protection issue that is present and immediate and that produces a life threat to either the individual or others. Examples include violent aggression, severe self-injury, elopement without knowledge of danger, or pyromania.	Requires constant (24/7) supervision and support on-site by staff receiving specialized behavioral training. Requires period of 1:1 support on a daily basis. Requires multiple people to intervene in high intensity situations. Requires daily behavioral data collection and analysis. May require extensive environmental rearrangements.
2	Health-related conditions that are present and immediate and that produce a life threat to the individual. Examples include tracheotomy, severe eating disorders, or pica.	Requires constant supervision/treatment on-site by trained staff. Requires regular and/or on-call professional staff and special medical equipment.
3	Safety and protection issue that is cumulative and that produces a life threat either to the individual or to others. Examples include a long history of aggression, self-injury, elopement, or other dangerous behavior.	Periodically requires constant supervision and support on-site by staff receiving specialized behavioral training. Requires daily behavioral data collection. May periodically require extensive environmental rearrangements.
4	Health-related conditions that are cumulative and that produce a life threat. The individual has a frequent need for intensive medical treatment and/or constant supervision. Examples include: frequent choking, frequent and intense seizures, severe asthma, and conditions requiring daily respiratory therapy, oxygen, suctioning, or breathing treatments.	Periodically requires constant supervision for medical supervision. May require on-call professional staff and special medical equipment.
5	Safety and protection issue that is present or cumulative but does not produce a life threat. Behaviors may not be life threatening but are severe and likely to produce injury to self or others or property destruction. There is a history of severe behaviors, but behaviors may have decreased in frequency because of successful placement of behavioral supports. Examples include aggressive sexual behavior, unpredictable aggressive behavior, pica, rumination, self-injury, and wandering away.	Requires extra staff to be on-site for prevention and intervention of behaviors. Requires collection of behavioral data including incidents of escalation that do not result in serious behavior. May require on-call professional staff and modifications to residential or day service environments. May require recurrent involvement of the criminal justice system or a need for ongoing legal support.

Name: Jane Doe Date of Request : 10/1/06
 CDDO: JMCDDO CSP: JMCSP
 Completed by: Joe Cool, CDDO Administrator

Level	Requested Level of Need	Examples
6	Health-related conditions that do not produce a life threat but are chronic or acute and require 1:1 care for treatment or protection from further complications. Examples include assistance with ambulation, frequent positioning, tube feeding, range of motion with oversight by a registered therapist, chemotherapy and/or radiation therapy visits, daily injections or glucose monitoring, catheterization, and use of colostomy bag.	Requires trained staff to be on-site for care and medical supervision. May require constant supervision or on-call professional staff during instances of acute illnesses for medical supervision and training. May require special equipment.

COMMENTS:

Joe Cool met with two of Jane's residential staff, Charlie Smith and Greg Jones, on 9/6/06.

Health:

Jane must be tube fed every 4 hours. This takes about 5 minutes each time. Medications for seizures, allergies, and food supplements are given to Jane through the G-tube. Jane has a seizure disorder and has her blood drawn every three months to check her Phenobarbital levels. She gets Botox shots in her neck about every 3 months to decrease spasticity. She sees a dentist at least every 6 months. Direct care staff have been trained to complete range of motion exercises, which take about 10 minutes each evening. Jane is unable to bear weight and her staff use a lift to assist with all transfers. Jane must be repositioned every hour, which takes about 5 minutes each time. Jane has had difficulty maintaining her weight and was hospitalized once over the last year. She has had skin breakdown severe enough to require treatment 3 times over the last year.

Behavior:

Jane may hit or pinch staff, sometimes with an aggressive intent. But she is more likely to be self-injurious when upset than to attempt to hurt someone else. Her hitting and pinching are more often a way to communicate rather than to hurt someone. Jane may cause minor scrapes to her face or hands by hitting herself.

Jane's behavior meets the requirements of level 6: **"Health-related conditions that do not produce a life threat but are chronic or acute and require 1:1 care for treatment or protection from further complications.** Examples include assistance with ambulation, frequent positioning, tube feeding, range of motion with oversight by a registered therapist, chemotherapy and/or radiation therapy visits, daily injections or glucose monitoring, catheterization, and use of colostomy bag. Requires trained staff to be on-site for care and medical supervision. May require constant supervision or on-call professional staff during instances of acute illnesses for medical supervision and training. May require special equipment."



Tips for interviewing direct care staff

- The preference is to interview two or more direct care staff who have worked with the individual on at least a weekly basis for the last three months
- Explain extraordinary funding and why you are interviewing the staff
- Need to differentiate
 - Immediate safety and protection (behavioral) issues (levels 1, 3, and 5) from chronic health related conditions (levels 2, 4, and 6)
 - *Present and immediate* life threatening issues (levels 1 and 2) from *cumulative* life threatening issues (levels 3 and 4) from issues that are serious but do not produce a life threat (levels 5 and 6)



Sample Interview Questions Health Related

When you leave the interview, you should know the answer to these questions:

- **How often does the consumer require 1:1 support? Why?**
- **When the consumer needs help and has to wait because staff aren't available, what are the consequences? Would any of the consequences be life threatening, affect health?**
- **Are there any recurring health conditions that require nursing assistance?**
- **If the individual has to be repositioned, are there health issues if it can't be done as specified?**
- **Is there a history of life threatening conditions, hospitalizations?**
- **Any equipment or supply needs?**
- **Is there a way these needs can be met by changing the individual's program at less cost?**
- **What would happen if the current level of support was reduced?**



Sample Interview Questions Behavior Related

When you leave the interview, you should know the answer to these questions:

- **How often does the consumer require 1:1 support? Why?**
- **When the consumer needs help and has to wait because staff aren't available, what are the consequences? Would any of the consequences be life threatening, affect safety/protection?**
- **Do behavioral specialists need to be called in frequently to assist with behaviors?**
- **Does the individual require medical care for self injurious behaviors?**
- **Is there a history of life threatening condition or hospitalizations to either the consumer or staff?**
- **Any equipment needs?**
- **Is there a way this need can be met by changing the individual's program at less cost?**
- **What would happen if the current level of support was reduced?**



Justification for Extraordinary Funding: How to Set a Level

- Pull together information from the summary page, the interviews, the Person Centered Support Plan, the Behavior Support Plan and data, and the health information and data provided
- Read definitions and examples of levels
- Determine which level best fits the individual
- If the individual has behavior and health related issues that each meet level definitions, assign the level that addresses the highest level of need



Suggestions for Developing a Local EF Process

- For continuing requests
 - Begin completing the paperwork and interviews before the birthmonth and complete the BASIS early in the birthmonth
 - You will need the new tier rate before you can determine the financial need for EF
 - You will need to have all EF paperwork completed before you can determine a level
 - You will need a completed BASIS and level before you can approve EF and complete a plan of care, which must be completed within 45 days of the end of the birthmonth

Suggestions for Developing a Local EF Process

- **For all requests**

- **Determine who approves the request (usually the local funding committee)**
- **Set regular meetings dates and deadlines for the paperwork to be submitted to the CDDO before each meeting so that committee members have time to review the requests – two weeks is usually adequate**
- **Require all paperwork to be completed on hard drive and submitted by e-mail**
- **Determine who completes interviews**
- **Schedule interviews after reviewing paperwork submitted by the CSP and case manager**
 - **If a financial need for EF has not been demonstrated, there is no need to do interviews**
 - **You need to review the materials submitted to have a good idea of what questions you want to ask direct care staff**
- **Determine if the committee wants CSP representatives to be present at the meeting to answer questions that may arise**
- **Determine who approves the request**
 - **By majority vote?**
 - **Does the CDDO Director have veto power?**